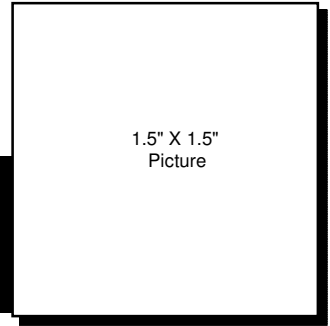




MAPÚA Institute of Technology

ADMISSIONS OFFICE

Muralla St., Intramuros Manila, Tel. Nos. 5245570, 2475000 (loc 5102)



APPLICATION FORM FOR INCOME-BASED FINANCIAL ASSISTANCE PROGRAM

(For Incoming Freshmen coming from Public High Schools only)

Name of Applicant _____
(Legal Name on Birth Certificate) Family Name Given Name/s Middle Name

NOTE: This form should be accomplished correctly and completely by the parents/guardian of the applicant. Applications with incomplete information and without the required documents will not be processed. Parents may be called for interview for clarification of the information given.

PLEASE SUBMIT THIS FORM TOGETHER WITH THE FOLLOWING REQUIREMENTS:

- 1. Parents'/Guardian's detailed personal letter about the family's financial situation justifying the need for financial assistance.
2. Documents to support the financial status of the applicant
a. For employed parents: Income Tax Return or Certificate of Compensation Payment/Tax withheld for the previous year, Certificate of Employment and Compensation from (including bonuses, allowances and commissions). OFW's must submit employment contract.
b. For self-employed parents: Income Tax Return, Detailed description of the business and an income & financial statement for the previous year.
c. For parents not filing an ITR: Please indicate in your letter the reason for non-filing.
Siblings currently helping out with the expenses of the family should also submit the abovementioned documents.
3. Proof of utility billing (electricity, water, telephone, etc.)
4. Photocopy of Form 138 (4th yr HS report card)
5. Certificate of good moral character
6. Vicinity Sketch of Residence. Draw a map that shows how to get to Mapúa from your house. Indicate major streets and landmarks. Put an "X" mark on the location of your house.

PERSONAL DATA

Date of Birth (mm/dd/yyyy) Birthplace Gender Religion Nationality Civil Status Complete Address Zip Code E-mail Address Landline # Mobile # Preferred Program of Study in Mapua: 1st Preference 2nd Preference 3rd Preference

FAMILY BACKGROUND
 Status of Parents Living Together Separated Single Parent Father Deceased Mother Deceased

RELATION	FATHER	MOTHER
Name		
Age		
Permanent Home Address		
Tel. No.		
Mobile No.		
Email Address		
Occupation / Position		
Employer		
Business Address		
Business Tel. No.		
Average Monthly Income		
Annual Add'l Income (allowances, per diem, bonuses)		
If self-employed, nature of work		
Number of years in business		
Annual gross income		
Annual net profit		
Educational Attainment		
School or College		
If unemployed: last company joined		
When		
Reason/s for being unemployed		

BROTHERS AND SISTERS (Please attach additional sheet if necessary)

Total Number of Sibling/s: _____ Number of Working Sibling/s: _____ Number of Studying Sibling/s: _____

RELATION	Sibling 1	Sibling 2	Sibling 3
Name			
Age			
Civil Status			
Permanent Home Address			
Tel. No./Mobile No.			
Occupation / Year or Gr. Level			
Employer			
Business Address			
Business Tel. No.			
Average Monthly Income			
Educational Attainment			
School or College			
Still with you? (Yes/No)			
School Fees per Year (if student)			

HOUSE COMPANIONS other than parents and siblings (Please attach additional sheet if necessary)

RELATION		
Name		
Age		
Civil Status		
Tel. No./Mobile No.		
Occupation / Year or Level (If student)		
Employer		
Business Address		
Business Tel. No.		
Average Monthly Income		
Sharing with house expenses? Yes/No		

FINANCIAL STATUS (Please answer thoroughly)

Family Income (Annual Gross)

Combined Annual Pay (father, mother)	PhP
Combined Annual Pay (brother, sister)	
Income from Business	
Income from Land Rentals	
Income from Res/Bldg Rentals/Lease	
Retirement Benefits/Pension	
Commissions	
Support from Relative/s	
Bank Deposits	
Others (Specify)	
Total Annual Income	Php

Deposits: Indicate Bank, Branch & Balance

Savings Acct. _____
 Checking Acct. _____
 Time Deposits _____
 Others Deposits _____
 Foreign Currency Deposit _____
 Stocks _____

NOTE: If annual expenses is higher than annual income, please explain in your letter how you cover for the deficit

OTHER DATA

Does your family have any of the following appliances?

Indicate how many	Date Acquired
TV Set _____	
DVD/VCD Player _____	
Radio/Videoke _____	
Personal Computer _____	
Laptop _____	
Refrigerator _____	
Freezer _____	
Airconditioner _____	
Stand/Desk/Ceiling/Wall Fan _____	
Piano _____	

Family Expenses (Monthly)

House Rental	PhP
Food & Grocery	
Car Loan Amortization (specify)	
Other loan Amortization (specify)	
School Bus Payment	
Transportation/Gasoline & School Bus	
Education Plan Premiums	
Insurance policy Premiums	
Health Insurance Premium	
SSS/GSIS/PAG-IBIG Loans	
School/Office uniform/Clothing	
Electricity, Water, Cable, Cooking Gas	
Telephone/Cellphone	
Helper/Yaya (how many? ____)	
Driver (how many? ____)	
Medicines	
Doctor's fee/Consultation	
Hospitalization	
Recreation	
Others (specify)	
Total	PhP
Sub-total x 12 months	PhP

Family Expenses (Annual)

School Tuition & Fees	PhP
Withholding Tax	
SSS/GSIS/Pag-ibig Contribution	
Others (specify)	
Sub-total	PhP
TOTAL ANNUAL EXPENSES	PhP

Indicate how many	Date Acquired
Organ _____	
Electric/Gas Stove _____	
Electric/Gas Range _____	
Microwave _____	
Washing Machine _____	
Cellphone _____	
Cordless Phone _____	
PlayStation _____	
Camera _____	
Video Camera _____	

Cars and other motor vehicles owned or regularly used by the family

Make/Yr/Model	Date Purchased	Amt of Purchase	Balance to be Paid	Company/Family Owned

Do you have other relative/s who help out in your finances? Yes No

If Yes, Name/s _____

What is their relation to you? _____

How much money do they send monthly on the average? _____

EDUCATION**ELEMENTARY LEVEL**

School / Location	Year Graduated	General Average
Honors / Awards Received [include non-academic]		

SECONDARY LEVEL

School / Location	Year Graduated	General Average
Honors / Awards Received [include non-academic]		
School Involvement and Position		

REFERENCES

	Name	Relationship to the Applicant	Contact No/s.
1.			
2.			
3.			

We hereby certify that the above information is true and correct, and you are hereby authorized to verify the same. We also understand that any misrepresentation of facts or withholding of information requested will render this form invalid and will immediately disqualify my application to this assistance program.

Applicant

(Signature over printed name)

Parent/Guardian

(Signature over printed name)

Date